

Mississippi Department of Health
**Office of Emergency Planning and
Response**

Bioterrorism Hospital Preparedness Program

Hospital Emergency Preparedness



PLANNING TEMPLATE

Developed by the Mississippi Department of Health, in cooperation with the Mississippi Hospital Association, under guidance from the Health Resource Services Administration – Contract No. 6 U3R MC 00033 01 R1.

August 2005

TABLE OF CONTENTS

Mission/Purpose/Scope	6
Executive Summary	7
1.0 Planning References	8
2.0 Essential Emergency Response Facilities.....	8
2.1 Blood Banks	
2.2 Health Department Services.....	
2.3 Private Physicians	
2.4 Storage Sites and Disaster Supplies	
2.5 911 Dispatch Centers.....	
2.6 County Emergency Operations Centers.....	
2.7 Ambulance Stations.....	
2.8 Fire Departments.....	
2.9 Law Enforcement (Police, Sheriff).....	
3.0 Sources of Additional Medical Care	8
3.1 Nursing Homes	
3.2 Private Physicians.....	
3.3 Clinics.....	
3.4 Kidney Dialysis Centers.....	
3.5 Urgent Care Facilities.....	
3.6 Pharmacies.....	
3.7 Poison Control.....	
3.8 Psychiatric Facilities.....	
4.0 Command & Control.....	8
4.1 Incident Command.....	8
4.2 Hospitals.....	9
4.3 Local Health Jurisdictions.....	9
4.4 Emergency Management.....	9
5.0 Activation & System Response	9
5.1 Hospital Response Teams.....	
5.2 Staff Responsibilities	
6.0 Hospital Overview.....	10

6.1	Hospital Information.....	
7.0	Communications.....	10
7.1	Emergency Communication Systems.....	
7.2	Media/Public Communications	
8.0	Critical Issues	12
8.1	Surge Capacity.....	12
8.2	Isolation and Quarantine.....	12
8.3	Overcrowding and Diversion.....	12
8.4	Patient Flow Process	13
8.5	Equipment Movement.....	13
8.6	Special Needs Populations.....	13
8.7	Essential Goods and Services.....	14
8.8	Pharmaceuticals	14
8.9	Hospital Security.....	15
8.10	Medical Waste Disposal	15
9.0	Recovery Phase	15
9.1	Communication.....	15
9.2	Facility Decontamination	15
9.3	Facility Re-entry Authorization.....	15
9.4	Patient Retransfer.....	16
10.0	Identification Of Needs	17
10.1	Hospital Bed Capacity.....	
10.2	Isolation and Quarantine.....	
10.3	Overcrowding and Diversion.....	
10.4	Patient Flow Process.....	
10.5	Equipment Movement.....	
10.6	Special Needs Populations.....	
10.7	Essential Goods and Services.....	
10.8	Pharmaceuticals.....	
10.9	Hospital Security.....	
10.10	Medical Waste Disposal.....	
10.11	Mortuary Facilities and Arrangements.....	
10.12	Emergency Discharge of Patients.....	
11.0	Plan Maintenance.....	18
11.1	Security and Control of the Plan.....	
11.2	Drills and Exercises.....	
11.3	Recommending Changes.....	
11.4	Periodic Reviews and Updates.....	

Annexes.....	19
---------------------	-----------

Annex –I	Biological Terrorism Response.....
Annex – II	Chemical Terrorism Response.....
Annex-III	Nuclear/Radioactive Terrorism Response.....
Annex- IV	Explosive Terrorism Response.....
Annex- V	Surge Capacity Plan.....

Glossary of Terms	20
--------------------------------	-----------

Appendices.....	28
Appendix A – Process Flowchart.....	
Appendix B – Regional Contact Information.....	
Appendix C – Emergency Communications Systems.....	
Appendix D – Regional Map.....	
Appendix E – Existing Agreements	
Appendix F – Local Ordinances and Resolutions	
Appendix G - Acknowledgments.....	
 Hospital Plan Approvals.....	

MISSION STATEMENT

The mission statement is a simple explanation of the goal of the plan.

PURPOSE

The purpose statement should answer the question, "What is this particular plan for?"

SCOPE

What requirements are established by the plan? Who is responsible for the requirements?

EXECUTIVE SUMMARY

BRIEFLY describe how this plan includes integration and collaboration of the following entities:

Coordination with the Mississippi Department of Health

Coordination with local emergency management jurisdictions

Coordination with a Metropolitan Medical Response System (MMRS), if applicable

Coordination between and among neighboring hospitals

Coordination with Native American tribes, if applicable

Coordination with community health clinics

Coordination with federal health facilities (VA, Military, etc.)

Coordination with local Emergency Medical Service (EMS)

Coordination with local, county, and state law enforcement agencies

1.0 Planning References:

Please reference all other Emergency plans or policies that support the Hospitals Major Incident Plan. Attach as appendices if referenced.

2.0 Essential Emergency Response Facilities:

Describe below each section your relationship and contact information for each section and how you would contact and utilize these places in case of an emergency incident.

- 2.1 Blood Banks
- 2.2 Health Department Services
- 2.3 Private Physicians
- 2.4 Storage Sites and Disaster Supplies
- 2.5 911 Dispatch Centers
- 2.6 County Emergency Operations Centers
- 2.7 Ambulance Stations
- 2.8 Fire Departments
- 2.9 Law Enforcement (Police, Sheriff)

3.0 Sources of Additional Medical Care:

Describe below each section your relationship and contact information for each section and how you would contact and utilize these places in case of an emergency incident. 24 hour contact information should be present. Not to be confused with Annex VI (surge capacity plan.)

- 3.1 Nursing Homes
- 3.2 Private Physicians
- 3.3 Clinics
- 3.4 Kidney Dialysis Centers
- 3.5 Urgent Care Facilities
- 3.6 Pharmacies
- 3.7 Poison Control
- 3.8 Psychiatric Facilities

4.0 COMMAND & CONTROL:

4.1 – Incident Command

Provide a short description of the use of the Hospital Emergency Incident Command System or other NIMS compliant system as a tool for emergency management.

Who is responsible for implementing this system?(Refer to Annex Section)

4.2 – Hospitals

Provide a short description of the roles of other hospitals you partner with in an emergency. Reference any mutual aid plans.

4.3 – Local Health Jurisdictions

Provide a short description of the role and authority of local public health departments and the state health department in this plan.

4.4 – Emergency Management

Provide a short description of the role and authority of local emergency management and state emergency management in this plan.

5.0 ACTIVATION & SYSTEM RESPONSE:

This section should provide a description of how the hospital response plan will be activated and coordinated with other public health and emergency management response activities.

Describe how this plan will be activated and followed under emergency conditions with respect to alerts and notifications:

What are the alerting arrangements for internal and external incidents? Describe how they function.

5.1- Hospital Response Teams

Describe the role, make up, and activation process for any hospital response teams. Example: decontamination team, triage team, security team etc.

5.2- Staff Responsibilities

Set out the responsibilities for key staff in the hospital. (Annex Section)

I.E. Control Teams, Decontamination teams, Trauma Teams, Security, Incident Commander.

6.0 HOSPITAL OVERVIEW

This section provides a detailed picture of the resources you already have in place. If you have others, please list them.

6.1 – Hospital Information

6.1.1 – Every MDH Emergency Response Region has designated Weapon's of Mass Destruction Centers of Excellence as well as supportive centers. Briefly explain your relationship with these centers and list their contact information in the annex as outlined.

7.0 COMMUNICATIONS

During an emergency, the first line of defense is when, who, and how we manage to alert the region of what is going on. If you have methods in addition to those listed here, please list them.

7.1 – Emergency Communication Systems

7.1.1 – Briefly describe the primary emergency communication system that will be used in the event the activation of this plan is needed.

7.1.2 – Briefly describe the backup emergency communication system (or systems if more than one is available) that will be used in the event the primary system is inoperable.

7.1.3 – If more than one backup emergency communication system is available, briefly identify the order in which these backup systems should be used.

7.2 – Media/Public Communications

7.2.1 – Briefly describe how the region will control the flow of information to the media? Briefly describe how each hospital's Public Information Officers (PIOs) will coordinate with one another?

7.2.2 – Briefly describe the process of pre-identifying media personnel who will be contacted (through your PIOs), setting up meetings ahead of an actual event to apprise them of issues. This will allow them to be "on board" about who will contact them, next steps, and coordination of messages.

7.2.3 – Briefly describe how the region hospitals will communicate to the general population about what is happening, coordination of messages, fact sheets, etc.

7.2.4 – *Briefly describe strategies for handling the “worried well” (Volunteers, separate locations, family members, etc.).*

8.0 CRITICAL ISSUES

8.1 – Surge Capacity

Develop a plan for increasing hospital bed capacity to accommodate increases in admissions from an infectious disease epidemic over an extended period of time.

8.1.1 – Briefly describe how patients will be triaged to make additional hospital bed space available during an event (e.g., early discharges, canceling elective procedures, etc.).

8.1.2 – Briefly describe how each hospital will develop space for additional beds/cots.

8.1.3 – Briefly describe how need for additional medical staff will be addressed. Briefly describe how personnel agencies would be contacted/used cooperatively by all facilities in region.

8.1.4 – Briefly describe how hospitals will deal with staffing shortages.

8.2 – Isolation and Quarantine

Develop a plan for providing isolation and quarantine for casualties, using such references as CDC's for Type C (contagious) facilities.

5.2.1 – Refer to the Mississippi Department of Health Smallpox Response Plan, Isolation and Quarantine Facilities. Briefly describe how your region will plan for isolation and quarantine in coordination with the MDH plan identified above.

8.3 – Overcrowding and Diversion

Develop a plan to address overcrowding and the need for hospital diversion, with large numbers of acute casualties arriving on their own or by ambulance, including a rapid communication plan with EMS units that allow them to determine a destination immediately at any time.

8.3.1 – Address what will occur when hospitals are on a divert status and victims are continuing to arrive by ambulance and/or self-referral.

8.3.2 – Briefly describe the communication process used with EMS agencies/units to direct them where to deliver patients?

Briefly describe the differences between diverting incoming patients and transferring patients already at the facility.

8.4 – Patient Flow Process

Describe how hospitals will receive patients on a daily basis when several hospitals are on diversion simultaneously.

8.4.1 – If hospitals in the region become overwhelmed, briefly describe the plan for where to send patients (within your region and across regional boundaries).

8.4.2 – Briefly describe any lines of communication that need to be implemented (e.g., Memoranda of Understanding with other regions, hospitals, and transporting agencies).

8.5 – Equipment Movement

Describe the plan for ensuring movement of equipment maintained by hospitals or EMS systems to the scene of a bioterrorist event.

8.5.1 – Briefly describe the status of each hospital in the region with respect to identifying a health care response team.

8.5.2 – Briefly describe each hospital's process for identifying which staff will wear personal protective equipment and which staff will be responsible for patient decontamination.

8.5.3 – Does a plan exist for sharing equipment across the region (e.g., ventilators, personal protective equipment, decontamination systems, etc.)? If yes, please summarize the plan. If no, briefly describe strategies to develop such a plan.

8.5.4 – Briefly describe any regional supply “banks” available for use in an emergency situation and the process for accessing them.

8.6 – Special Needs Populations

Describe how the special needs of children, pregnant women, the elderly and those with disabilities will be addressed in ensuring access to medically appropriate care. Planning for children should include school settings and the clinicians caring for them there.

8.6.1 – Briefly describe how the response plan addresses the needs of special populations (e.g., children, elderly, limited-English-speaking, deaf, etc.).

8.6.2 – Briefly describe what processes are in place to accomplish a hospital evacuation, should one be necessary, and how special needs patients would be accommodated.

8.6.3 – If facility evacuation is necessary, how/where will patients be housed to ensure both safety and ongoing medical care.

8.6.4 – Briefly describe the availability of mental-health resources in the region – for access by both staff and the public.

8.7 – Essential Goods and Services

Describe how essential goods and services such as food, water, electricity, generator and shelter will be delivered to patients and hospitals.

8.7.1 – Briefly describe plans for coordinating the request for delivery of additional supplies (e.g., food, water, electricity, laundry).

8.7.2 – Briefly describe any contracts already in place with medical suppliers to obtain additional supplies of needed medications during an emergency. If applicable, briefly describe how these be modified to handle a regional request?

8.7.3 – Briefly describe the process for obtaining additional supplies of blood.

8.8 – Pharmaceuticals

8.8.1 – Briefly describe the process for accessing additional pharmaceutical supplies locally or regionally prior to the use/delivery of the Strategic National Stockpile.

8.8.2 – Briefly describe the procedures for your facility to access supplies from the Strategic National Stockpile.

8.8.3 – Briefly describe how your facility will request assistance through pre-existing pharmaceutical caches within your region

8.9 – Hospital Security

Describe how hospital security will be provided (crowd control, patient traffic to support triage decisions, prevention of further terrorist attacks at the hospital).

8.9.1 – Briefly describe hospital plans for lockdown and setting up perimeters around facilities.

8.9.2 – Briefly describe how perimeters will be maintained (i.e., local police presence, hospital security personnel, etc.).

8.9.3 – Briefly describe each hospital's procedures for employee identification to allow for crossing the perimeter.

8.9.4 – Briefly describe how additional security personnel will be obtained if needed.

8.9.5 – Briefly describe how hospitals will communicate with each other regarding transferring patients when security is in place at each facility.

8.10 – Medical Waste Disposal

Describe procedures for safe and appropriate disposal of medical waste.

8.10.1 – Briefly describe a plan for how to coordinate the expedient and safe disposal of the medical waste that will be generated at each facility by an event of bioterrorism.

9.0 RECOVERY PHASE

Briefly describe how the region will begin to recover from the activation of this regional plan with respect to the following areas once the bioterrorism event has been determined to be under control.

9.1 – Communication

Briefly describe the process used to inform hospitals in the region to begin to recovery from the activation of this plan and return to a normal state of operation.

9.2 – Facility Decontamination

Briefly describe the process used to initiate facility decontamination, if necessary.

9.3 – Facility Re-entry Authorization

Briefly describe the process to allow hospital personnel and civilians to re-enter the facilities once decontamination has been completed.

9.4 – Patient Retransfer

Briefly describe the process for retransfer of patients to the facility of origin prior to the activation of this plan.

10.0 – IDENTIFICATION OF NEEDS

*For each subsection discussed in section 5.0 – **Critical Needs**, identify the current bioterrorism response needs (training, equipment, etc.) for each.*

10.1 – Hospital Bed Capacity

10.2 – Isolation and Quarantine

10.3 – Overcrowding and Diversion

10.4 – Patient Flow Process

10.5 – Equipment Movement

10.6 – Special Needs Populations

10.7 – Essential Goods and Services

10.8 – Pharmaceuticals

10.9 – Hospital Security

10.10 – Medical Waste Disposal

10.11 - Mortuary Facilities and Arrangements.

10.12- Emergency Discharge of Patients.

11.0 – PLAN MAINTENANCE

Briefly describe the region's plan for maintaining, changing, and updating this regional plan.

11.1 – Security and Control of the Plan

11.2 – Drills and Exercises

11.3 – Recommending Changes

11.4 – Periodic Reviews and Updates

Annexes

Annex: Emergency Incident Commander
Annex: Public Information Officer
Annex: Liaison Officer
Annex: Safety and Security Officer
Annex: Logistics Officer
Annex: Facility Operations Officers
Annex: Damage Assessment and Control Manager
Annex: Sanitation Systems Manager
Annex: Communications Officer
Annex: Transportation Officer
Annex: Materials Supply Officer
Annex: Nutritional Supply Officer
Annex: Planning Section Chief
Annex: Status/Information Systems Officer
Annex: Labor Pool Officer
Annex: Medical Staff Officer
Annex: Nursing Staff Officer
Annex: Patient Information Officer
Annex: Patient tracking coordinator
Annex: Finance Section Chief
Annex: Time Officer
Annex: Procurement Officer
Annex: Claims Officer
Annex: Cost Officer
Annex: Operations Section chief
Annex: Medical Care Officer
Annex: Treatment Area officer
Annex: Triage Manager
Annex: Immediate Treatment Area Manager

Annex: Delayed Treatment Area Manager
Annex: Minor Treatment manager
Annex: Discharge Area Manager
Annex: Morgue Manager
Annex: Laboratory Services Manager
Annex: Radiological Service Manager
Annex: Pharmacy Services Management
Annex: Social Services Officer
Annex: Dependent Care Services Manager
Annex: Staff Support Manager
Annex: Psychological Support Manager
Annex- I Biological Terrorism Response
Annex-II Chemical Terrorism Response
Annex-III Nuclear/Radioactive Terrorism
Annex-IV Explosive Terrorism
Annex-V Radiological Terrorism Response
Annex-VI Surge Capacity Plan
Annex-VII Decontamination Plan

GLOSSARY OF TERMS

(Main glossary provided by MDH – Hospitals should add additional terms as needed. Many of the terms defined in this section may not be included in the body of this document, however, they have been included to assist the reader in understanding the various topics, organizations, and issues involved in public health emergency planning and response.)

A

AGO -- Mississippi Attorney General's Office

ART -- Assessment and Response Team

The Mississippi Department of Health's Senior Management Team. The team assesses the severity of emergencies and manages the Department of Health's overall response plan.

B

Bioterrorism

The intentional use of microorganisms, or toxins, derived from living organisms, to produce death or disease in humans, animals, or plants.

BT -- Bioterrorism

BHPP – Bioterrorism Hospital Preparedness Program. A federally funded program funded by the Health Resources and Services Administration which is directed and administered by the Mississippi Department of Health's Office of Emergency Planning and Response.

BHPPAC -- Bioterrorism Hospital Preparedness Program Advisory Committee
Committee consisting of Department of Health partners and stakeholders that advises the Department of Health on the creation of its plan for bioterrorism preparedness and response.

C

Category "A" Agents

The possible biological terrorism agents having the greatest potential for adverse public health impact with mass casualties. The Category "A" agents are:

- Smallpox
- Anthrax
- Plague
- Botulism
- Tularemia
- Viral hemorrhagic fevers (e.g. Ebola and Lassa viruses)
- S.A.R.S

CD -- Communicable Disease

CDC -- Centers for Disease Control and Prevention
A branch of the federal Department of Health and Human Services. The CDC manages Washington's Cooperative Agreement for Public Health Preparedness and Response for Bioterrorism.

CEMP -- Comprehensive Emergency Management Plan
The overarching jurisdictional emergency plan at the state level and at most local jurisdictions.

Cooperative agreements

Federal grants for bioterrorism preparedness and response from the Centers for Disease Control and Prevention and the Health Resources and Services Administration. These grants require recipients to cooperate by achieving certain goals and moving in a like direction as directed by a comprehensive guidance.

Critical agents

The biological and chemical agents likely to be used in weapons of mass destruction and other bio- terrorist attacks. Current lists may be found on the Centers for Disease Control and Prevention Web site:

D

Disaster

A large emergency event that is beyond the community's ability to address within its own and mutual aid resources.

DOH -- Mississippi Department of Health

DOJ -- Department of Justice

DHHS -- Mississippi State Department of Health and Human Services

E

EDI -- Electronic Data Interchange

Emergency management

A systematic program of activities that governments and their partners undertake before, during and after a disaster to save lives, prevent injury, and to protect property and the natural environment. Emergency management activities include:

Mitigation: eliminating hazards or reducing their potential impact

Preparedness: planning, training, and exercising for disastrous events

Response: taking action when a disaster occurs to save lives, prevent injuries, and prevent or limit property damage

Recovery: restoring normalcy after the disaster

These activities are not the sole responsibility of the designated emergency management agency. Virtually all agencies have a role, but most particularly law enforcement, fire services, public works, *and public health*.

EMA -- Emergency management agency (local)

EMS -- Emergency medical services

EOC -- Emergency operations center

The facility from which a jurisdiction or agency coordinates its response to major emergencies/disasters - there may be a state EOC, county EOC, city EOC and/or agency EOC.

ERC -- Emergency response coordinator

Person authorized to direct implementation of an agency's emergency response plan.

ESF -- Emergency support function

A portion of a comprehensive emergency management plan (federal, state, or local) that describes activities related to a single function. For instance, the National Response Plan and Mississippi's CEMP, ESF-8 describes Health and Medical Services.

Epidemiologist

A professional skilled in disease investigation. Epidemiologists design and conduct epidemiological studies, analyze data to detect patterns and trends in disease, establish and maintain surveillance systems, monitor health status and evaluate the performance and cost effectiveness of public health programs.

F

FEMA -- Federal Emergency Management Agency

NRP -- National Response Plan -- The overarching emergency management plan of the US government.

H

Health alerts

Urgent messages from the CDC and/or MDH to health officials requiring immediate action or attention. The CDC also issues **health advisories** containing less urgent information about a specific health incident or response that may or may not require immediate action, and **health updates**, which do not require action.

HAN -- Health Alert Network

Infrastructure for the secure transmission of information between local health jurisdictions, the Department of Health, and its other partners using the intergovernmental network as its backbone.

HAN Information Service

Health Alert Network Information Service provides information in a variety of media, along with announcements of upcoming conferences and briefings.

HHS -- US Department of Health and Human Services

HRSA -- Health Resources and Services Administration

A branch of the federal Department of Health and Human Services. HRSA administers the funding and implementation of the Cooperative Agreement for Bioterrorism Hospital Preparedness.

I

ICS -- Incident Command System

The direction and control scheme used by first response and other agencies to manage emergencies.

J

JIC -- Joint Information Center

A central point of contact for all news media near the scene of a large-scale disaster. The center is staffed by public information officials who represent all participating federal, state, and local agencies to provide information to the media in a coordinated and consistent manner.

L

Laboratory levels (A,B,C,D)

A system for classifying laboratories by their capabilities. Classifications are:

A: routine clinical testing. Includes independent clinical labs and those at universities and community hospitals

B: more specialized capabilities. Includes many state and local public health laboratories

C: More sophisticated public health labs and reference labs such as those run by CDC.

D. Possessing sophisticated containment equipment and expertise to deal with the most

dangerous, virulent pathogens and include only CDC and Department of Defense labs, the FBI, and the U.S. Army Medical Research Institute of Infectious Diseases.

LIMS -- Laboratory Information Management System

LIMS connect the analytical instruments in the lab to one or more workstations or personal computers. A full-featured LIMS will forward data from lab instruments to a PC, organize it into meaningful information, and arrange it in required report formats.

LRN --Laboratory Response Network

A national partnership of public health laboratories designed to coordinate and share resources for an effective response during a health emergency.

M

MMRS -- Metropolitan Medical Response System

A program of the US Health and Human Services Office of Emergency Preparedness intended to increase cities' ability to respond to a terrorist attack by coordinating the efforts of local law enforcement, fire, hazmat, EMS, hospital, public health and other personnel. Seattle, Spokane, and Tacoma participate in the MMRS program.

N

NACCHO -- National Association of City and County Health Officials

NCID -- National Center for Infectious Diseases

A branch of the Centers for Disease Control and Prevention.

NEDSS -- National Electronic Disease Surveillance System

A Centers for Disease Control and Prevention initiative that promotes the use of data and information system standards to improve disease surveillance systems at federal, state and local levels.

NIH -- National Institutes of Health.

A branch of the federal Department of Health and Human Services. The NIH encourages and oversees medical and behavioral research.

Notifiable conditions

Incidences of communicable disease, traumatic injury, cancer or other health condition that a state requires health care providers to report to a central collecting agency.

NDMS -- National Disaster Medical System

A federal program that dispatches out-of-state medical teams to an area that has suffered a disaster.

O

OER -- Office of Emergency Response

Division of the US Department of Health and Human Services.

OEPR -- Office of Emergency Planning and Response
Office of the Mississippi Department of Health

OPHP -- Office of Public Health Preparedness
Office within the U.S. Office of Health and Human Services that provides coordination between the CDC and HRSA Cooperative Agreements.

P

Pathogen

Any agent or organism that can cause disease.

PHIN -- Public Health Information Network
Standards that provide the basis for developing and implementing information technology projects for CDC-funded programs including NEDSS, HAN, and others.

PHPPO -- CDC's Public Health Practice Program Office

Public health districts

Local health districts are organized into 9 regions. Each region will develop a plan for resource sharing and coordinated emergency response that will align with the state emergency management plan and will include hospitals, emergency medical services, law enforcement and fire protection districts.

PHTN -- Public Health Training Network
The Centers for Disease Control and Prevention's distance learning system that uses instructional media ranging from print-based to videotape and multimedia to meet the training needs of the public health workforce nationwide.

Push package

A delivery of medical supplies and pharmaceuticals sent from the Strategic National Stockpile to a state undergoing an emergency within 12 hours of federal approval of a request by the state's Governor.

R

RERC -- Regional Emergency Response Coordinator

S

SNS -- Strategic National Stockpile
A national cache of drugs, vaccines, and supplies that can be deployed to areas struck by disasters, including bioterrorism.

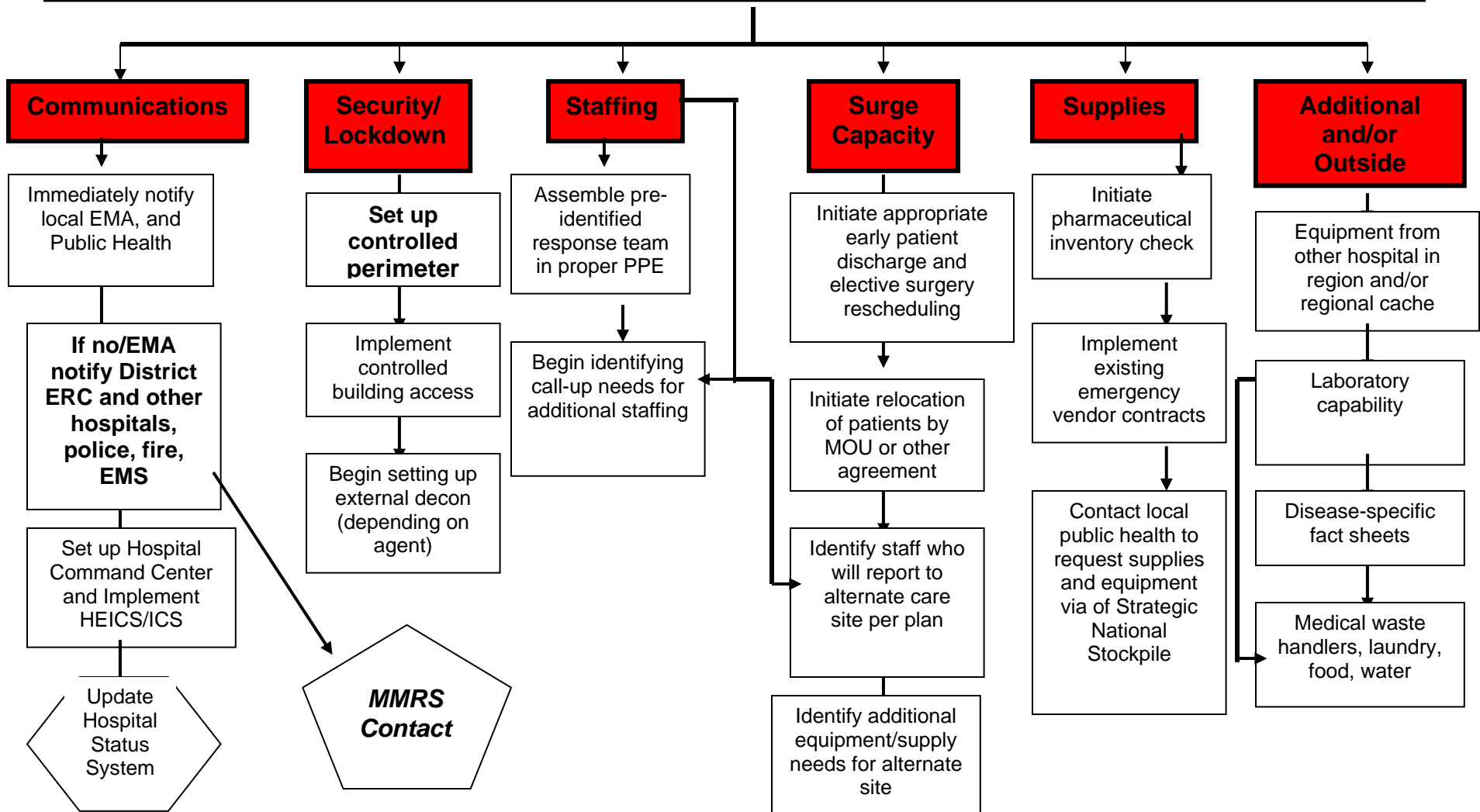
Surge capacity

Ability of institutions such as clinics, hospitals, or public health laboratories to respond to sharply increased demand for their services during a public health emergency.

Surveillance

The systematic ongoing collection, collation, and analysis of data and the timely dissemination of information to those who need to know so that action can be taken. Surveillance is the essential feature of epidemiological practice.

HOSPITAL BIOTERRORISM “INCIDENT” RESPONSE FLOWCHART



APPENDICES

Appendix A - Personal Protective Equipment

In this section you should identify all personal protective equipment, its location, storage requirements, and procedures for deployment and use thereof. This section should also contain maintenance policy for your PPE.

Appendix B – Regional Contact Information

This appendix provides a detailed picture of the resources your region already has in place. If you have others, please list them.

Weapon's of Mass Destruction Centers of Excellence and Supportive Centers (in your public health district)

Hospital Name	Contact Name	Contact Phone	Email

Other hospitals in this region

Hospital Name	Contact Name	Contact Phone	Email

Public Agency Contact Information

For each, indicate primary and secondary contact information:

Local Department of Health and District ERC

Organization Name	Contact Name	Contact Phone	Email

County/Local Emergency Management Agency or Civil Defense

Organization Name	Contact Name	Contact Phone	Email

County/Local Emergency Operations Center

Organization Name	Contact Name	Contact Phone	Email

Local Homeland Security Director/Coordinator

Organization Name	Contact Name	Contact Phone	Email

County/Local EMS/Trauma Coordinator

Organization Name	Contact Name	Contact Phone	Email

Regional Response Team Planner/Trainer

Organization Name	Contact Name	Contact Phone	Email

MS Poison Control Center

Organization Name	Contact Name	Contact Phone	Email

Local Tribal Contacts (for each federally recognized tribal area within the region)

Organization Name	Contact Name	Contact Phone	Email

Local Media (newspaper, TV, radio, etc.)

Organization Name	Contact Name	Contact Phone	Email

Other Emergency Response Issues

For each, indicate primary and secondary contact information:

MMRS contact information *(If applicable)*

Organization Name	Contact Name	Contact Phone	Email

Briefly, identify “possible threats/targets” within the region (e.g., stadiums, dams, hydroelectric plants, etc.)? This information should come from a Hazard Vulnerability Analysis done by Homeland Security and/or your ERC.

Name	Location	Hazard	Rating

Is this information in a centralized location (at each facility), readily available when needed? If yes, briefly explain the process for changing and updating to ensure all facilities have accurate and consistent information. If no, briefly describe the process that will be used to establish this consistent distribution of information.

Appendix C – Emergency Communication Systems

Which of the following emergency communication systems are operational within the region?

Hospital Name	HEAR	800 MHz	Cell Phones	Satellite Phones	Amateur Radio	Website

With which of the above systems are regional partners (i.e., public agencies) able to communicate with hospitals? Please provide a brief description of this process.

Appendix D – Region Map (Provided By MDH)

Appendix E – Existing Agreements

Address (either list the sources or include in total) all inter-facility agreements or memoranda of understanding involving patient transfer as a result of excess patient capacity.

Appendix F – Local Ordinances and Resolutions

Address (either list the sources or include in total) all local ordinances or resolutions affecting any part of this plan (e.g., local health officer authority in law).

Appendix G – Acknowledgments

(Include and thank all planning participants. List names of entities involved not people's names)